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FROM: Mark DeLuca
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RECIPIENT(S)	PHONE	FAX
Examiner Joyce Tung USPTO, GAU 1637	571.272.0790	571.273.8300

MESSAGE:

OFFICIAL FAX

PLEASE DELIVER TO EXAMINER JOYCE TUNG, GAU 1637

RE: U.S. APPLICATION NO. 09/977,716 - FILING DATE: 10/15/2001

ENCLOSED FOR FILING, PLEASE FIND:

- Transmittal Form (1 page)
- Fee Transmittal Form w/auth to Charge Deposit Acct. (\$60.00) (1 page in dupl. = 2 pages total)
- Petition for 2 Mos. Extension of Time (1 page in dupl. = 2 pages total)
- Request for Continued Examination (RCE) (1 page in dupl. = 2 pages total)
- Amendment and Response (9 pages)

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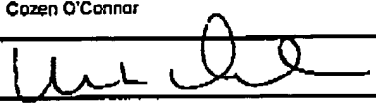
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/977,716
	Filing Date	10/15/2001
	First Named Inventor	Mrak I. Greene
	Art Unit	1637
	Examiner Name	Joyce Tung
Total Number of Pages In This Submission	Attorney Docket Number	UPN0015-103

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE); Official Facsimile Cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Cozen O'Connor		
Signature			
Printed Name	Mark DeLuca		
Date	July 19, 2006	Reg. No.	33,229

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			Date
Typed or printed name	Mark DeLuca	Date	July 19, 2006

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FEE TRANSMITTAL for FY 2006		Complete If Known	
		Application Number	09/977,718
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	10/16/2001
		First Named Inventor	Mark I. Greene
TOTAL AMOUNT OF PAYMENT (\$) 455.00		Examiner Name	Joyce Tung
		Art Unit	1837
		Attorney Docket No.	UPN0015-103/141415

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
19	-20 or HP= _____ x _____ = _____	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
2	- 3 or HP= _____ x _____ = _____	Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Pct. for Ext. (1 mos.) (\$60); RCE fee (\$395)

455.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	33,229	Telephone	215.665.5592
Name (Print/Type)	Mark DeLuca	Date	July 19, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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